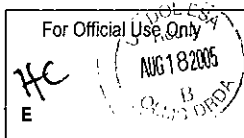


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



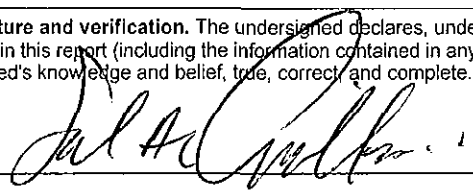
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-14052	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Sal A Chiaravalloti P.O. Box, Bldg., Room No., if any Street 2015 Hayloft Place City Hacienda Heights State California ZIP Code +4 91745-5727	4. Name, file number, and address of labor organization. Name Sprinkler Fitters UA Local 709 Labor Organization File Number 044134 P.O. Box, Building and Room Number, if any Street 12140 Rivera Road City Whittier State California ZIP Code +4 90606-2602
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/05/2005	562-698-9909
	Date	Telephone Number

Name of Person Filing Sal Chiaravalloti	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Automatic Sprinkler Industry</p> <p>Trade Name, if any: NASI</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8000 Corporate Drive</p> <p>City Landover</p> <p>State Maryland ZIP Code + 4 20785-2285</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NASI Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8000 Corporate Drive</p> <p>City Landover</p> <p>State Maryland ZIP Code + 4 20785-2285</p>	<p>11.a. Nature of such dealing.</p> <p>Educational Conference regarding Fund Investments</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$1,618</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Seminar Materials</p> <hr/> <p>12.b. Amount. \$1,618</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Jerry Neil Paul</p> <p>Trade Name, if any: Paul, Hanley, Harley</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5716 Corsa Ave., Suite 203</p> <p>City Westlake Village</p> <p>State California ZIP Code + 4 91362-4059</p>	<p>14.a. Nature of payment.</p> <p>Gift Card</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$200</p>

Name of Person Filing Sal Chiaravalloti

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Automatic Sprinkler Industry

Trade Name, if any: NASI

P.O. Box, Bldg., Room No., if any

Street 8000 Coporate Drive

City Landover

State Maryland ZIP Code + 4 20785-2285

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NASI SIS Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8000 Corporate Drive

City Landover

State Maryland ZIP Code + 4 20785-2285

11.a. Nature of such dealing.

Trustees Meetings

11.b. Approximate dollar value of such dealing. \$3,344

12.a. Nature of interest held or income received.

Reimbursement of Travel and Meal expenses

12.b. Amount. \$3,344